

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023576

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 315

**FILED JUL 10 1962**

|   |                                  |  |                                     |
|---|----------------------------------|--|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>               |                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Independence</b>  |                                  | c. CITY OR TOWN <b>Independence</b>  |                                     |
| Length of stay in 1b <b>60 yrs.</b>   |                                  | Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>   |                                  | d. STREET ADDRESS (If outside, give location)<br><b>31st and Santa Fe Terrace</b>  |                                     |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Paul</b> Middle <b>N.</b> Last <b>Craig</b>  |                                  | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>27</b> Year <b>1962</b>   |                                     |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9/2/1885</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Music Teacher and Artist</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Art</b>  |                                     |
| 11. BIRTHPLACE (City and state or country)<br><b>Burlington, Iowa</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |                                     |
| 13a. FATHER'S NAME<br><b>Charles N. Craig</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Johnson</b>   |                                     |
| 14. NAME OF HUSBAND OR WIFE<br><b>Jeanette Craig</b>  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>                                 |                                     |
| 16. SOCIAL SECURITY NO.<br><b>None</b>  |                                  | 17. INFORMANT<br><b>Mrs. Jeanette Craig</b>  |                                     |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute congestive heart failure</b><br>DUE TO (b) <b>Coronary sclerosis</b><br>DUE TO (c) <b>Arteriosclerotic cardiovascular disease</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 weeks</b><br><b>4 Years</b><br><b>Unknown</b>   |                                     |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                     |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                  | 20c. TIME OF INJURY<br>Hour <b>4:15 P. M.</b> Month, Day, Year <b>6/11/62</b>  |                                     |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                     |
| 20f. CITY, TOWN, OR LOCATION<br><b>Independence, Missouri</b>   |                                  | 20g. COUNTY<br><b>Missouri</b>   |                                     |
| 21. I attended the deceased from <b>6/11/62</b> to <b>6/27/62</b> and last saw her/him alive on <b>6/27/62</b><br>Death occurred at <b>4:15 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |                                  | 22a. SIGNATURE<br><b>H.W. Keane</b> (Degree or title) <b>MD</b>  |                                     |
| 22b. ADDRESS<br><b>10901 W. Main Rd. Indep.</b>   |                                  | 22c. DATE SIGNED<br><b>6/28/62</b>   |                                     |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>6-30-62</b>  |                                     |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mound Grove Cemetery</b>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Independence, Missouri</b>   |                                     |
| 24. FUNERAL DIRECTOR<br><b>Roland R. Speaks</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>6-27-62</b>   |                                     |
| 26. REGISTRAR'S SIGNATURE<br><b>Alba L. Craig</b>   |                                  |  |                                     |

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Wayne Smith*

SE/15/ Licensed Embalmer No. 5081

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

6-27-62